

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016930

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318 1003 3862
FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

HAMILTON MED. CENTER

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St Louis

c. CITY
OR TOWN

St Louis

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

5726 VERNON

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

IDA

KaeGEL

4

12

62

5. SEX

FEMALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-13-1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

IF UNDER 24 HR.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10b. KIND OF BUSINESS OR INDUSTRY

AT Home

11. BIRTHPLACE (City and state or country)

MARISSA Twn. ILL

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ERDMAN KaeGEL

13b. MOTHER'S MAIDEN NAME

MARY Sauerwein

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Clara KaeGEL

St Louis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Nephrosclerosis

DUE TO (c)

446X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-26-62 to 4-12-62 and last saw him alive on 4/11/62

Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. J. Hayden MD

22b. ADDRESS

4301 Hodieman

22c. DATE SIGNED

4/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-12-62

23c. NAME OF CEMETERY OR CREMATORY

Lenzburg Cem.

23d. LOCATION (City, town, or county)

LENZBURG

(State)

ILL

24. FUNERAL DIRECTOR

FINGER

ADDRESS

MARISSA, ILL

25. DATE RECD. BY LOCAL REG.

APR 12 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Proff

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.